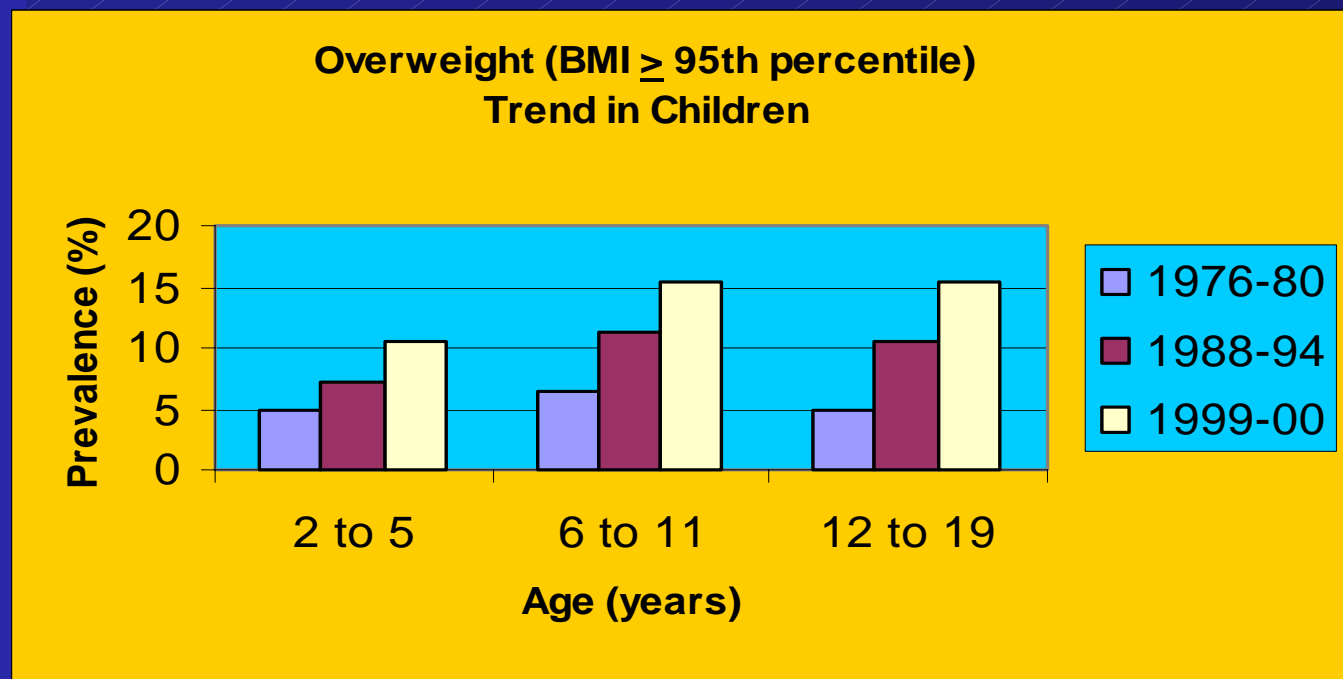




# Urgency to Prevent and Reduce Overweight in Children



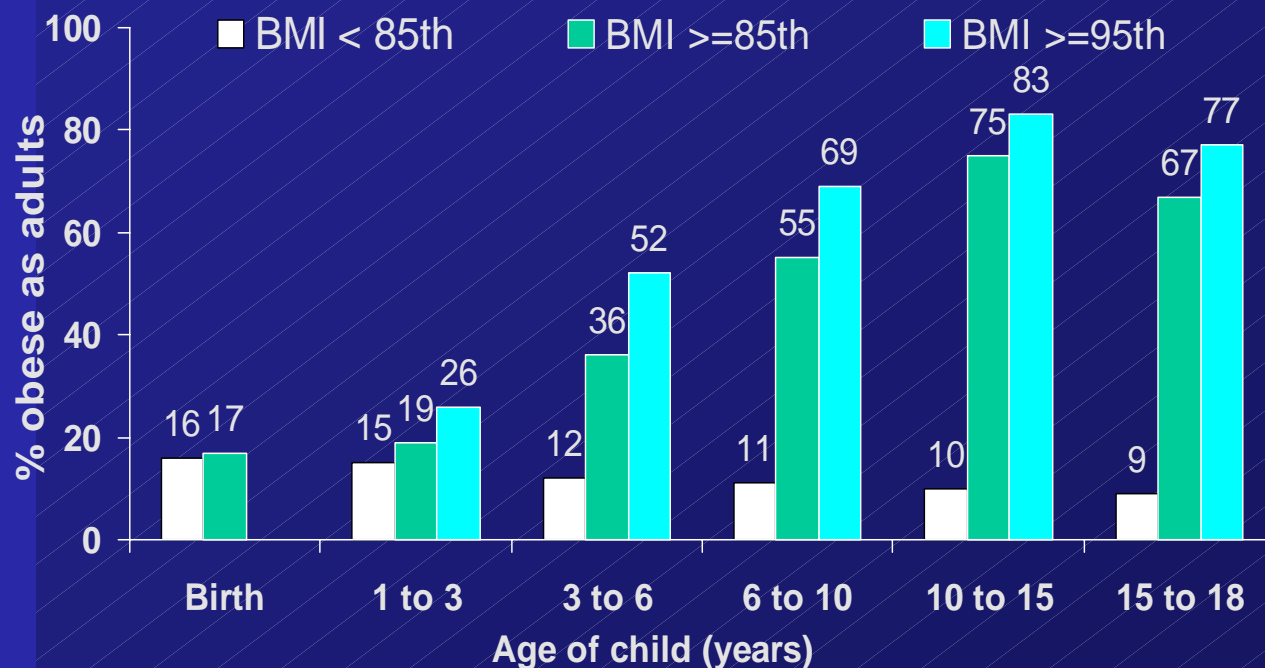
# Childhood Obesity



Ogden et al. JAMA 2002; 288:1728-32

Prevalence

# Tracking BMI-for-Age from Birth to 18 Years with Percent of Overweight Children who Are Obese at Age 25<sup>1</sup>

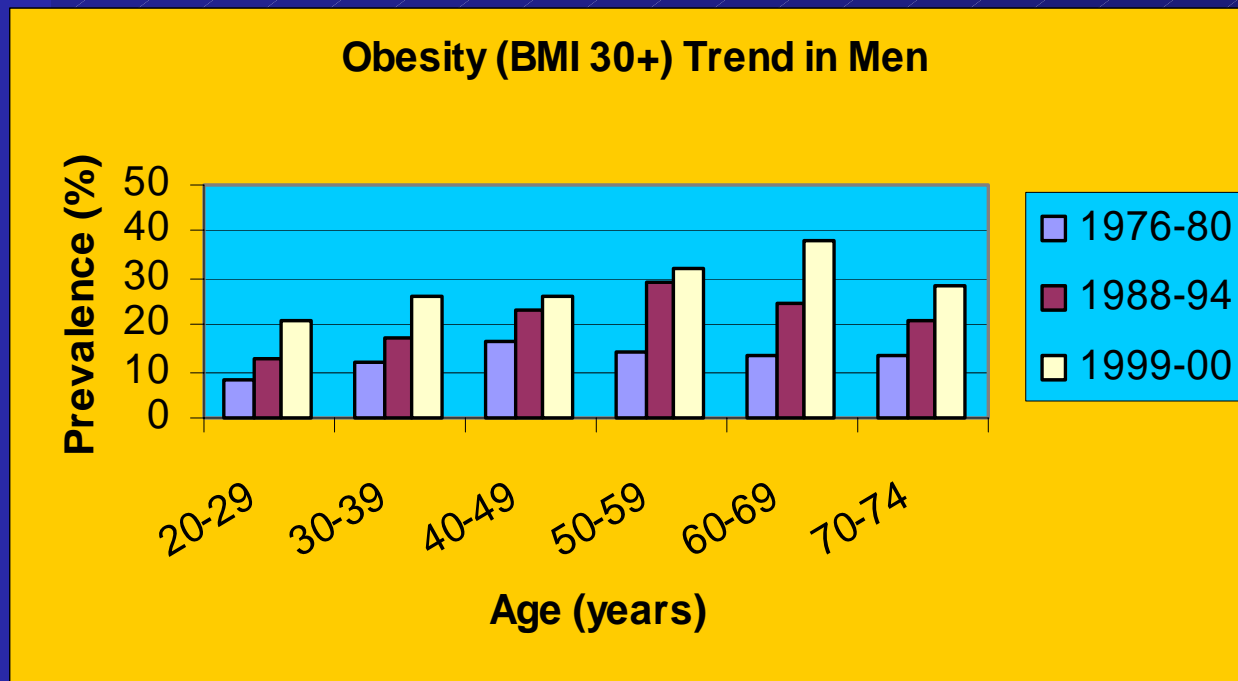


Whitaker et al. NEJM:  
1997;337:869-873



Prevalence

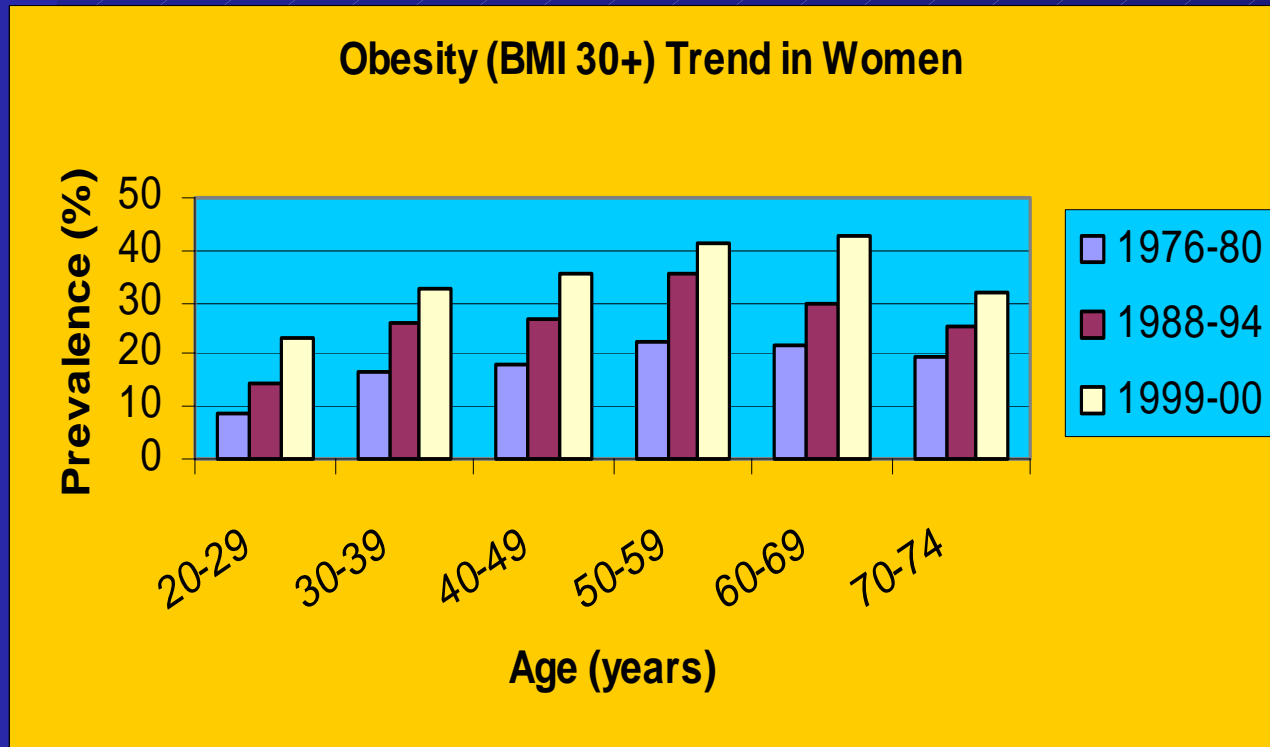
# Adult Men



Flegal 2003, personal communication

Prevalence

# Adult Women



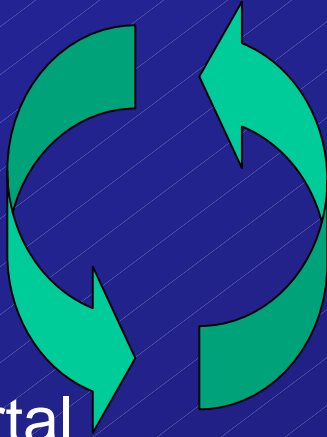
Prevalence

Flegal 2003, personal communication

# Lifecycle Influences and Risk of Obesity & Chronic Disease

## Growth

Fetal  
Infant  
Child  
Pubertal

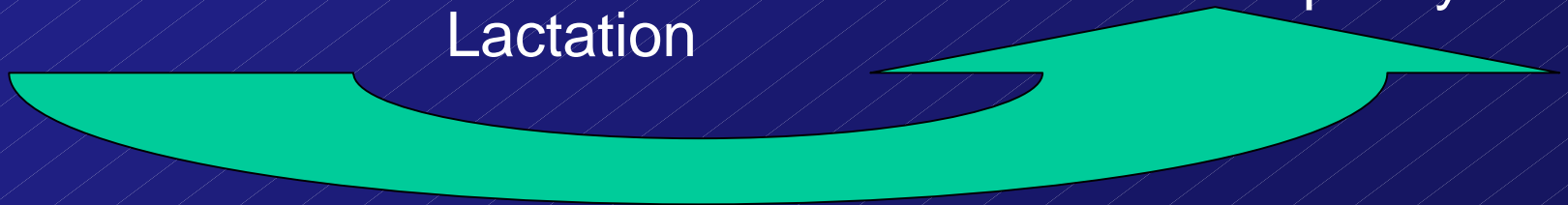


## Reproduction

Maternal weight gain  
Maternal body composition  
Maternal ability to nourish the fetus  
Lactation

## Aging

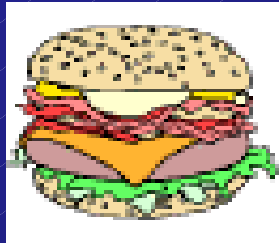
Loss of lean body mass  
Increase in abdominal/visceral adiposity



Metabolic & behavioral programming

# Obesogenic Environment

Energy In

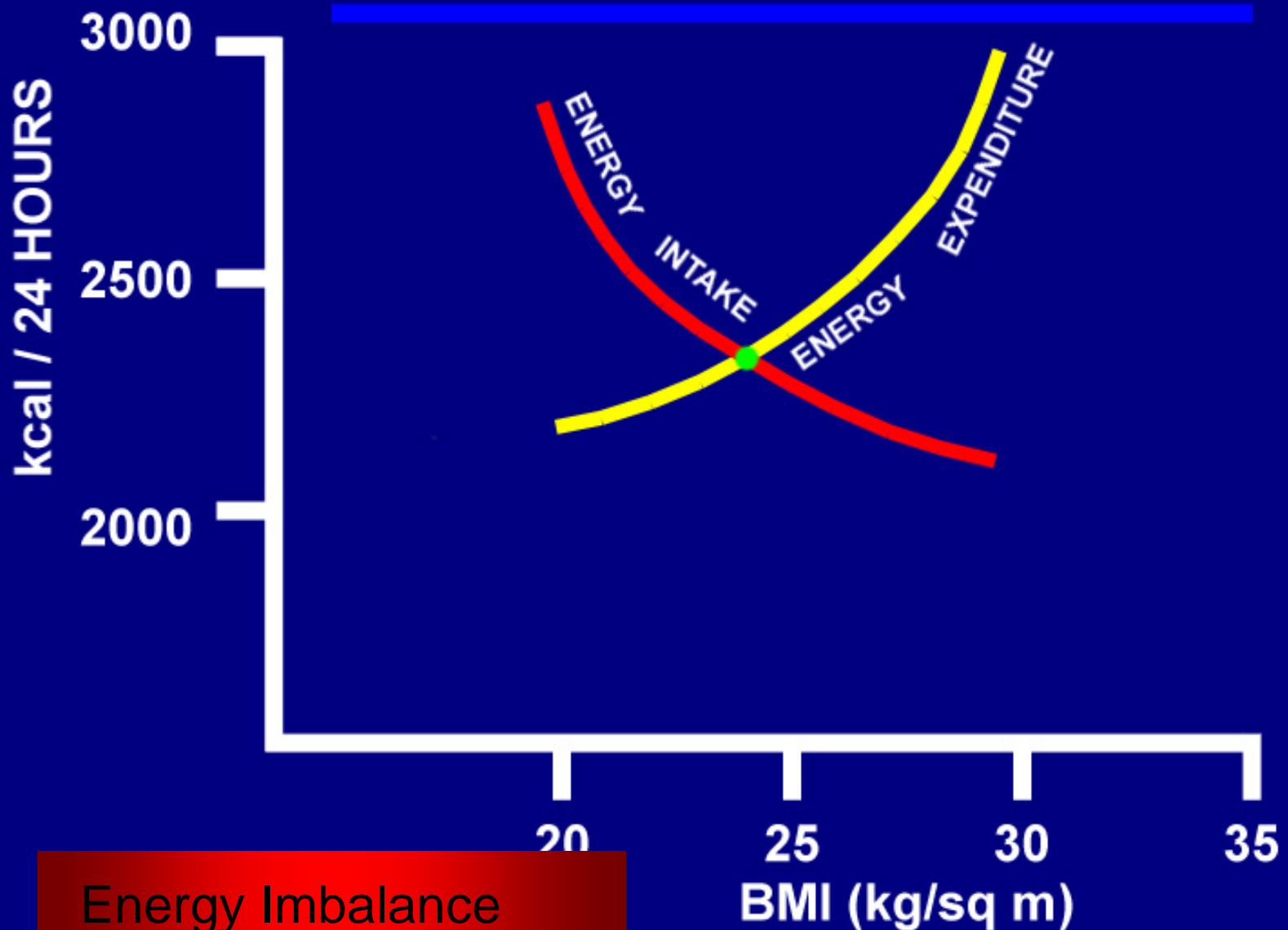


Energy Out



Energy Imbalance

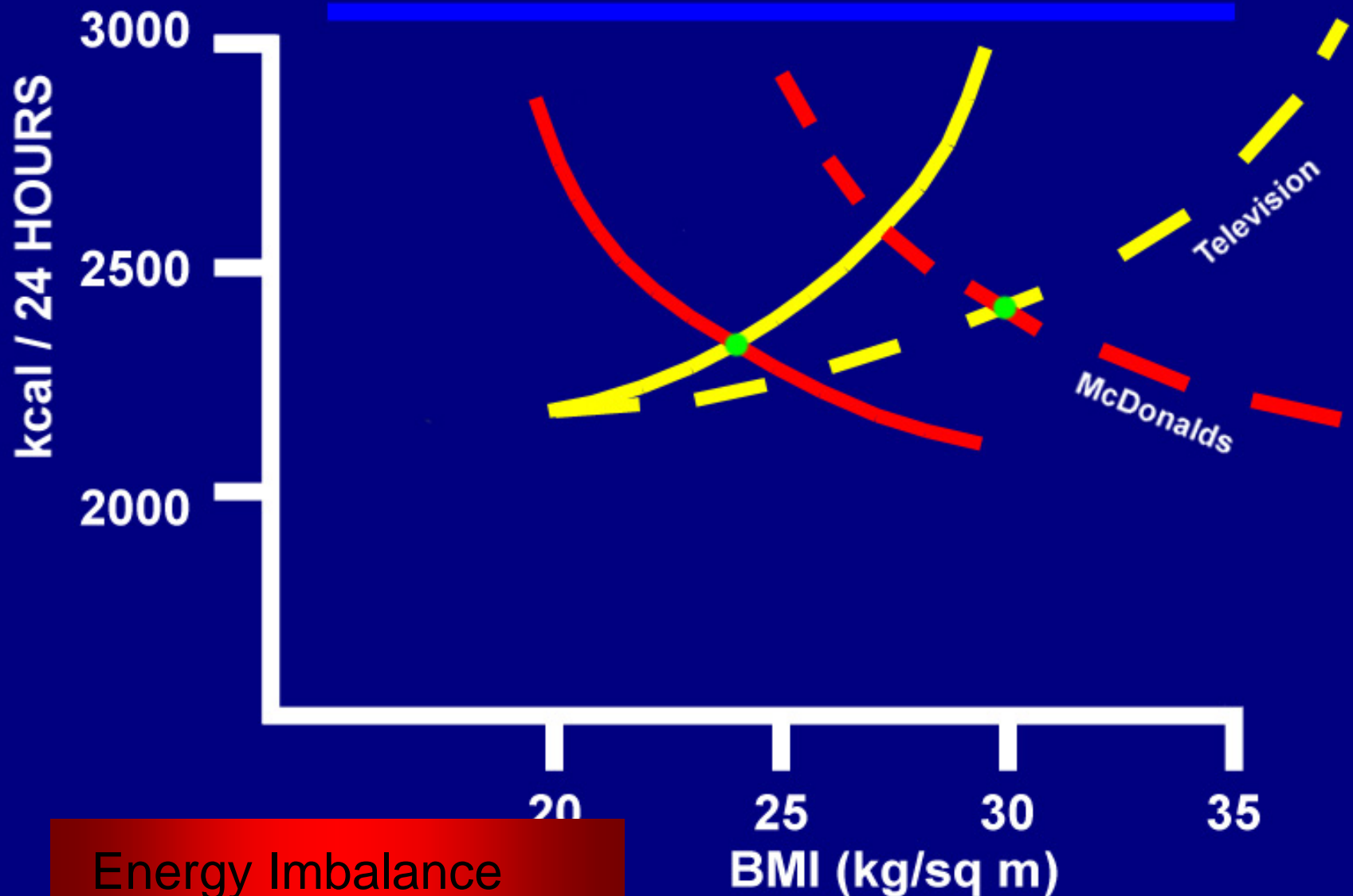
# REGULATION OF BODY COMPOSITION



Energy Imbalance



# REGULATION OF BODY COMPOSITION (21ST CENTURY AMERICA)



Energy Imbalance

## Mean physically or mentally unhealthy days Nationwide trend



Source: Centers for Disease Control and Prevention. Health-related quality of life: prevalence data. National Center for Chronic Disease Prevention and Health Promotion, 2003. Accessed March 21 at <<http://apps.nccd.cdc.gov/HRQOL/>>.

More than obesity

# Steps in Public Health Problem Solving

Define the problem	<u>Trends and Emerging Priorities</u> Eliminating health disparities Quality of life
Determine the cause	Social determinants of health Community context Adverse childhood experiences
Develop and test interventions	Comprehensive community initiatives Ecological interventions
Implement Programs/Policies	Policy interventions Change community conditions and systems Adapt to local context

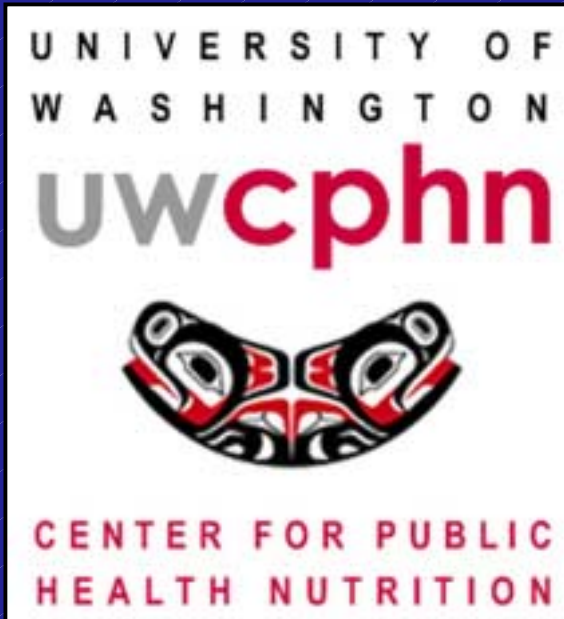
More than obesity

<http://www.cdc.gov/syndemics/overview-trends.htm>

- Mission: to establish and support public health approaches to obesity prevention in the Pacific Northwest
- General approach: capacity building & partnerships

# Conferences

- Public Health Approaches to Healthy Weight: Adolescent Women of Color in Region X; April 2000
- Public Health Approaches to Healthy Weight: Social Marketing, Focus Groups and Targeted Interventions; April 2001
- The Interface of Urban Design, Public Health, and Physical Activity in Preventing Obesity; December 2001



# UW Center for Public Health Nutrition

<http://depts.washington.edu/uwcphn/>

UW CPHN



# Mission

To advance & promote public health strategies for improving nutrition & reducing obesity rates among Washington State residents.

U N I V E R S I T Y   O F  
W A S H I N G T O N

UWcphn



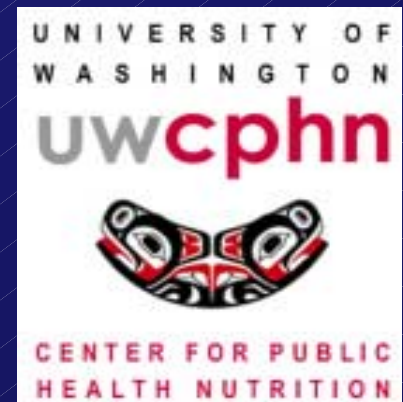
C E N T E R   F O R   P U B L I C  
H E A L T H   N U T R I T I O N

- Grants for innovative projects
- Research into public health nutrition practice
- Consumer outreach
- Training & CE
- Technical assistance
- Collaboration & Partnerships
- Policy



# Grants for Healthy Youth

Purpose: To build upon & advance knowledge of primary prevention approaches to overweight & obesity in children & adolescents in our communities



# Grant Recipients

- Children's Alliance
- Child Care Health Program – PHSKC
- SNAC Program – PHSKC
- WSU Cooperative Extension – Clark County
- Spokane Regional Health District

# What does this mean for public health in Washington State?

- Reinventing WIC Nutrition Services: Building on Our Strengths (USDA)
- Obesity Prevention Planning & Pilot Grant (CDC)
  - Washington State Plan for Physical Activity and Nutrition
- Obesity Prevention Network (CDC)
- Nutrition Environmental Changes in Seattle Public Schools (NIH)
- Training and consultation for public health practitioners
- Integration of nutrition & physical activity into state and local public health core functions

Current activities

# What could the Board of Health Consider?

- Support the state plan for nutrition and physical activity
- Explore ways to address common pathways for preventing diabetes, CVH, arthritis, asthma, etc.
- Use “bully pulpit” to let state know that we all benefit when it’s easier to choose healthy foods and be physically active as part of daily life